FAX to (803) 896-5199
Charles Terrell, Esq. - SCPSC
Ms Boyd, Deputy Clerk

DATE: 04-11-06 - 2:30 PM

Re: SECOND REQUEST

MESSAGE: ATTACHED IS COPY OF REQUEST FOR CLARIFICATION

I AM LVG FOR MUSC/SURGERY

!!! PLEASE JUST FAX THE DATE TODAY — IF Possible

Thank you. B. WEAVER
(843) 841-1606

ENCLS. COPY of MY Request
" " " PRE-OP

URGENT

1253 Harllees Bridge Rd
Dillon S.C. 29536

April 11, 2006

Ms. Jocelyn G. Boyd
Deputy Clerk, Docketing Dept.
S.C. Public Service Commission
PO Drawer 11649, Colombia S.C. 29211
Ph: 803 896 5100; Fax: 803 896 5199

Dear Ms Boyd:

Subject: Request for Clarification

Ref: Progress Energy Petition No. 2004-219-E

This acknowledges my receipt of the communications you mailed concerning the Hearing and the Commission Directive. I need you to clarify some technical points.

First, I have been unable to find the term "Directive" as opposed to a Commission "Order" defined in the Regulations. Therefore the question arises as to the time limit provided in the regulations for filing my Objections and Motion to Reconsider the "Directive."

Accordingly, could you please be so kind and telefax me return today, the exact date by which my pleading must be timely filed in order to comply with the Commission's regulations.

I leave tonight for MUSC in Charleston for my eye operations and I would like to know the date before I leave.

As always with my previous requests I am not soliciting any legal advice from your office, simply an administrative directive.

Thank you in anticipation for your cooperation in this matter.

Yours Sincerely,

Beatrice Weaver, Respondent Pro Se

Via telefax
Confirmation copy for legal reference.

PTINSTRUC

MUSC
MEDICAL UNIVERSITY OF SOUTH CAROLINA

Weaver, Beatrice
MRN# 1560294

Pre-operative Instruction Sheet
AMBULATORY SURGERY
First Floor, Rutledge Tower
(843) 876-0116

Form Origination Date: 3/99
Version: 2 Version Date: 9/05

Patient Name _____
MRN _____
STAMP PLATE AREA

1. Come to the first floor Rutledge Tower, Ambulatory Surgery check-in room 111. Bring insurance cards and your medications or a list of medications with you. 9:15 Am

   You will be called between 2:00 pm – 4:00 pm the working day before your surgery to let you know your check-in time. If you do not wish to wait for our phone call, you may call us during these hours at 843-876-0116 to get your time.

   Park in the Ashley-Rutledge Parking Garage. You may enter from either Rutledge or Ashley Avenues.
   Bring your ticket with you and we will stamp it for free parking.

   Please do not bring more than two people with you to the waiting room. This will avoid crowding. Children in the waiting area must be attended by an adult at all times.

2. **IMPORTANT**:
   - Do not eat any solid food or drink any milk or milk products after midnight the night before your surgery.
   - You may have only apple juice, water, 7-Up® or black coffee (no sugar or cream added) until 2 hours before your check-in time and nothing after that.
   - Please take your morning medications with a sip of water.
   - **If you are a diabetic, tell the doctor or nurse. Your morning insulin or medication will be adjusted.**
   - We recommend that you do not smoke or drink alcohol before surgery.

3. Bathe or shower the night before or morning of surgery.
   Brush your teeth the morning of surgery.
   Wear comfortable clothing – remember you may have a large bandage for your clothes to go over.

4. **DO NOT** wear jewelry, body piercings, finger nail polish or contact lenses.
   DO NOT bring valuables such as wallet, purse, credit cards or a lot of money.

5. **You must have a responsible adult with you to take you home after your surgery** and to sign your release papers. Because of the medications that you will be given during your operation, you cannot drive or take a taxi home alone. This is for your safety. Your surgery will be cancelled if you do not have a ride.

6. If you develop a cold, sore throat, fever or the flu before your surgery, call your doctor.

Other instructions: _____

_____

_____ _____
RN Signature / Date Patient or authorized person

ambpreopinstruct

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